

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0851-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|--|------------------------|------------------|
| | | Application Number | 09/932,503 |
| | | Filing Date | August 17, 2001 |
| | | First Named Inventor | Steve J. D. Bell |
| | | Group Art Unit | 1645 |
| | | Examiner Name | Zeman, Robert A. |
| Total Number of Pages in This Submission | | Attorney Docket Number | 37070/207071 |

ENCLOSURES (check all that apply)

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO/SB/08 (one sheet) 3 publications |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|--|
| Firm or Individual name | Kristin Mallatt Crail, Reg. No. 46,895 |
| Signature | |
| Date | April 8, 2005 |

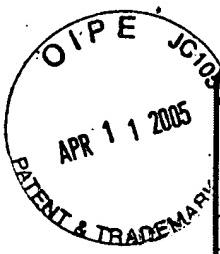
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 April 8, 2005

| | |
|-----------------------|----------------|
| Typed or printed name | Colleen Kadian |
| Signature | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 180)

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 09/932,503 |
| Filing Date | August 17, 2001 |
| First Named Inventor | Steve J.D. Bell |
| Examiner Name | Zeman, Robert A. |
| Art Unit | 1645 |
| Attorney Docket No. | 37070/207071 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) : _____

Deposit Account Deposit Account Number: 11-0855 Deposit Account Name: Kilpatrick Stockton LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

| Small Entity |
|--------------|
| 50 |
| 200 |
| 360 |

Each independent claim over 3 (including Reissues)

25

Multiple dependent claims

100

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee (\$)

- 20 or HP = _____

x _____

= _____

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP = _____

x _____

= _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|---------------|---|----------|---------------|
| _____ | - 100 = _____ | / 50 = _____ (round up to a whole number) x _____ | = _____ | Fee Paid (\$) |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Information Disclosure Statement

180

SUBMITTED BY

| | | | | | |
|-------------------|----------------------|--------------------------------------|--------|-----------|---------------|
| Signature | Kristin Mallat Crall | Registration No. (Attorney/Agent) | 46,895 | Telephone | 404-815-8500 |
| Name (Print/Type) | Kristin Mallat Crall | | | Date | April 8, 2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Steve J. D. Bell, et al.) Group Art Unit: 1645
Serial No.: 09/932,503) Examiner: Zeman, Robert A.
Filed: August 17, 2001)
For: COMPOSITIONS AND METHODS)
FOR THERAPEUTIC AGENTS)
COMPLEXED WITH CALCIUM)
PHOSPHATE AND ENCASED)
BY CASEIN)

Attorney Docket No. 37070/207071

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Date: April 8, 2005

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

In accordance with Rules 56, 97 and 98 of the Rules of Practice in Patent Cases (37 C.F.R. §§ 1.56, 1.97, and 1.98), the publications listed on the enclosed Form PTO/SB/08 are submitted for consideration by the Examiner. Copies of the cited documents are enclosed.

Submission of the references provided in this Information Disclosure is not intended to constitute an admission that any reference referred to herein is prior art for this invention unless specially designated as such. Also, in accordance with 37 C.F.R. § 1.97(g), the filing of this Information Disclosure Statement shall not be construed to mean that a search has been made, or that no other material information as defined in 37 C.F.R. § 1.56(a) exists.

1964836

04/13/2005 BABRAHAI 00000019 09932503

01 FC:1806

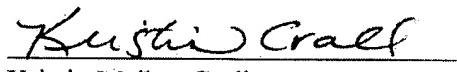
180.00 OP

U.S. Serial No. 09/932,503
Filed: August 17, 2001
SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

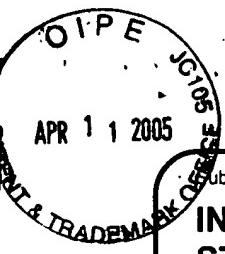
This Information Disclosure Statement is being filed pursuant to 37 CFR 1.97(d).

Applicants, through the undersigned representative, state that each item of information contained in this paper was first cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this paper. Enclosed is Form PTO-2038 with authorization to charge our credit card account. The Commissioner is authorized to charge any additional fees that may be due or credit any overpayment to Deposit Account No. 11-0855.

Respectfully submitted,


Kristin Mallatt Crall
Reg. No. 45,895
ATTORNEY FOR ASSIGNEE

KILPATRICK STOCKTON LLP
1100 Peachtree Street, Suite 2800
Atlanta, Georgia 30309-4530
(404) 815-6147



PTO/SB/08A (10-01)

Van Zile, et al. Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

~~Substitute for form 1449A/PTO~~

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

| | | | |
|--|---|--------------------------|------------------|
| Substitute for form 1449A/PTO | | Complete if Known | |
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i> | | Application Number | 09/932,503 |
| | | Date Filed: | August 17, 2001 |
| | | First Named Inventor | Steve J. D. BELL |
| | | Group Art Unit | 1645 |
| | | Examiner Name | ZEMAN, Robert A. |
| Sheet | 1 | of | 1 |
| | | Attorney Docket Number | |
| | | 37070/207071 | |

OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS

| | | | |
|---------------------|-----------------------|---|----------------|
| Examiner Initials * | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² |
| | | Communication issued by the European Patent Office dated January 17, 2005 | |

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.